

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** AURORA RESIDENTIAL ALTERNATIVES #123 (0010445)

**Address:** 796 STONE RIDGE DRIVE, MOSINEE, WI 54455

**License Status:** REGULAR

**Licensed/Certified/Registered** 03/11/2004

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096242      **End Date:** 01/04/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009503    Served 01/30/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	04/04/2006	Yes
88.04(2)(a)	RESPONSIBILITIES	04/04/2006	Yes
88.07(2)(b)5	MONITORING HEALTH	04/04/2006	No
88.07(3)(e)1	MEDICATION- RECORD KEEPING	04/04/2006	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	04/04/2006	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Survey ID: 0094948      End Date: 05/12/2005      Type: OTHER      Purpose: COMPLAINT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10009419    Served 05/31/2005**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
13.05(2)	CLIENT PROTECTION	01/04/2006	Yes
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	01/04/2006	No
88.04(2)(a)	RESPONSIBILITIES	01/04/2006	No
88.06(3)(f)	REVIEW OF ISP	01/04/2006	Yes
88.10(3)(m)	FREEDOM FROM ABUSE	01/04/2006	No
88.10(3)(q)	MEDICATIONS	01/04/2006	Yes

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**Survey ID: 0092085      End Date: 01/21/2004      Type: INITIAL      Purpose: SURVEY**

**Results: LICENSE/CERT/REGISTRATION ISSUED**

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Enforcement History
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<b>Date: 05/01/2006</b>	<b>SOD #10009534</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH REQUIREMENT

<b>Date: 01/26/2006</b>	<b>SOD #10009503</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
NO NEW ADMISSIONS  
PROVIDE TRAINING

<b>Date: 05/27/2005</b>	<b>SOD #10009419</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
PROVIDE TRAINING

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Complaint History**

**Date Complaint Received: 01/19/2005**

**Date Investigation Completed: 05/12/2005**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009419
MEDICATIONS	SUBSTANTIATED	10009419
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10009419

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